



RANCHO LOS AMIGOS
NATIONAL REHABILITATION CENTER

Nurse Manager **(Director, Case Management/Utilization Review)**

POSITION INFORMATION: The Director Case Management/Utilization Review will serve in a managerial capacity reporting directly to the Chief Nursing Officer. Duties include the responsibility for planning, supervising, directing and evaluating Admissions, Care Management, Utilization review function for the Medical Center; assesses the long-range and short-term goals of the department in conjunction with the needs of the medical staff and patient population.

THIS POSITION IS RESPONSIBLE FOR BUT NOT LIMITED TO

- Responsible for interviewing, hiring, orienting, evaluating and training staff members.
- Mentor a team of Case Managers, Utilization Review staff and support staff
- Engage staff and lead them through improvement initiatives as directed by the organization's strategic plans.
- Improve quality and timeliness of care through multidisciplinary unit rounds, concurrent interventions and information sharing consistent with best practices.
- Energize staff to use a proactive approach to discharge planning through improved direct communication with the physicians and collaborative work with the care team.
- Work collaboratively with finance and health information management to ensure that medical record content and coding accurately reflects patient condition and care rendered.
- Establish and maintain a mechanism for the efficient and effective utilization of services. Identify those services that can effectively and more economically be provided on an outpatient basis or in an alternative care setting.
- Document and evaluate patterns of utilization in to identify inefficient use of hospital resources
- Monitor and communicate average length of stay variances to the appropriate hospital personnel
- Monitor and comply with review requirements outlined by third-party payors and external review entities
- Supervise workflow of Case Managers and assist with difficult case management issues as needed.
- Assist with problem identification and resolution with third party payors, maintain appeal process and communicate effectively with Finance Department.
- Act as a liaison between the Public Health Department, Senior Services, area nursing homes and other agencies and the Medical Center regarding home care, pre-admit and post discharge issues.

DESIRABLE QUALIFICATIONS:

- Knowledge in performance improvement methodologies, care coordination, and utilization review
- Strong analytical skills and expert knowledge of resource utilization, 3rd party reimbursement methodologies, Medicare reimbursement, and Medi-Cal reimbursement
- Ability to effectively facilitate teams and communicate across all levels of the organization
- Coaching, counseling, and mentoring skills
- Experience in both acute care and inpatient medical rehabilitation is an asset
- Certified Case Manager and or Certified Rehabilitation Registered Nurse

Interested individuals who are currently on the certification list for Nurse Manager or permanent Los Angeles County employees who hold the payroll title of Nurse Manager must submit a resume with cover letter, performance evaluations and time and attendance records for the past two years to:

Aries J Limbaga RN CRRN RNP MSN MBA

Chief Nursing Officer Rancho Los Amigos National Rehabilitation Center

7601 E. Imperial Highway Downey CA 90242 Harriman Building Rm.122 Phone: (562) 401.8298 Fax: (562)

803-5876 E-mail: jgabel@dhs.lacounty.gov

Resumes will be accepted until the needs of the department are met; only the most qualified candidates will be scheduled for an interview

- **THIS IS NOT A CIVIL SERVICE EXAMINATION** posted 9/18/14